Yes No V	et all three tests for	spouse or dependent child because they meet all three tests for	earned" income, or liabilities of a	EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.
Yes No	Have you excluded	her "excepted trusts" need not be disclosed. Have you excluded	mmittee on Ethics and certain of the service of the	TRUSTS - Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" from this report details of such a trust that benefits you, your spouse, or dependent child?
3	E QUESTIONS	- ANSWER <u>BOTH</u> OF THESE QUESTIONS	RUST INFORMATION	EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER B
	COMPLETE	THAT YOU ARE REQUIRED TO COMPLETE	ILY THE SCHEDULES	THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU AR
	S,	HEDULE IF YOU ANSWER "YES"	ATTACH THE CORRESPONDING SCHEDULE IF YOU	ATTACH THE C
Yes No	n \$5,000 from a or years?	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	Yes	D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?
Yes Mo	r arrangement with an n the current calendar	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	Yes No	C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?
Yes No	ng the reporting	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes No	A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?
		TIONS	H OF THESE QUESTIONS	PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE
A \$200 penalty shall be assessed against any individual who files more than 30 days late.	A \$200 penalty sha individual who file	Period Covered: January 1,to	Staff Filer Type (If Applicable): Shared Principal Assistant	New Officer or Employee Employing Office:
(Office Use Only)	Oct (Off	Check if Amendment	12018	New Member of or Candidate for State: U.S. House of Representatives District: Candidates – Date of Election:
OF THE OLERW U.S. HOUSE OF REPRESENTATIVES	U.S. HOUSE	ione:	Daytime Telephone:	Name: Cross / Calules Man
LEGISLATIVE RESOURCE CENTES	LEGISLATI	FORM B , Candidates, and New Employees	VES For New Members,	UNITED STATES HOUSE OF REPRESENTATIVES FINANCIAL DISCLOSURE STATEMENT
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SCHEDULE A - ASSETS & "UNEARNED INCOME"

Name: Erdesy ! Marin Page 2 ļ 약

Kukuu Poro,	Amore ATLO	l a V	CF LEDCK K	and busy	ABC Hedge Fund X	Examples: Simon & Schuster	DC. Mega Corp Stock	provide a complete address or description, e.g., "rental property," and a city and state. For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A. Barchede: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan. If you have a privately-traded fund that is an Excepted investment Fund, please check the "EIF" box. If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT), in the optional column on the far left. For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.	For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts. For neglal and other real property held for investment	For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.	Identify (a) each asset held for investment of production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in "unearned" income during the year. Provide complete names of stocks and mutual funds (do not use only ticker symbols).	Assets and/or income Sources	BLOCK A
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								\$1-\$1,000		"	Indicate value of asset at use a valuation method case a valuation method used Specify the method used if an asset was sold of included only because it be "None." "Column M is for assets child in which you have n		
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								\$500,001-\$1,000,000	-	Į.	Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used. # an asset was sold during the reporting period and is included only because it generated income, the value should be "None." *Column M is for assets held by your spouse or dependent child in which you have no interest.	Value of Asset	80
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					-	+		CAPITAL GAINS			Check all columns that applications that appears to ac-deferred 401(k), IRA, of 259 account the "Tax-Deferred" columinarest, and capital interest, and capital reinvested, must be discretived to assets held in taxable for assets held in taxable "None" if the asset gene during the reporting period.	Type of Income	8
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Sacr		Te		\$	Partnership	Royalties		TAX-DEFERRED Other Type of Income (Specify: e.g., Partnership Income or Farm Income)			Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 520 accounts), you may sheek the "Tax-Deferred" column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check "None" if the asset generated no income during the reporting period.	•	
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Name: ERDEST! MARTIN

Page 3 of

SCHEDULE C - EARNED INCOME

Name: Erzest Martin

Page 4 of 6

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for

			HEI - STOCK/DILIDEDOS	5707E CF /400011	Keleuce poso, LCC	Enswork. Marria, Atranses, Arlas	Cong & Cours of Herchika	Civil War Roundtable (Oct. 2) Ontario County Board of Education	ABC Trade Association, Baltimore, MD (July 15) Fyamples: State of Maryland	Course (monde date of federal to finitelial)	Source (include date of receipt for honoraria)
			Speare	Express Garan	Socons	Carass	Socary	Spouse Speech Spouse Salary	Honorarium Salary	ı ype	Type
			10 co-serva	96,00	*30,000	12500	#72,000	SO N/A	\$0 \$20,000	Current Year to Filing	
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SCHEDULE D - LIABILITIES

Name: Erdest Martin Page 5 of 6

Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period by you, your spouse, or your dependent child. Mark the highest amount owed during the reporting period. New Members: Members are required to report all liabilities secured by real property including mortgages on their personal residence. Exclude: Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a revolving charge account (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000. *Column K is for liabilities held solely by your spouse or dependent child.

			4		SP, DC, JT		
		KL.	000	Example			
		100 ·	TOF GOLGATICO-	First Bank of Wilmington, DE	Creditor		
		•	9/2006	5/98	Date Liability Incurred MO/YR		
			TI OED OF GOLGTED- 9/206 TEO'LSTLOSED GOD	Mortgage on Rental Property, Dover, DE	Type of Liability		
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SCHEDULE E - POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. New Members and second-year candidates report positions held in the reporting eriod and the current calendar year. First-year candidates and new employees report positions held in the current calendar year and two previous years.

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Name of Organization	Position

SCHEDULE F - AGREEMENTS

Name: 7 MANIC Page 잌

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. Date 7 Parties to Agreement Terms of Agreement

SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services
	10/10	
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